

30 4 912

ISSUE SHEET (STAPLE AREA) TO BE FILLED IN BY THE CLASSIFIER

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten initials]</i>		<i>[Handwritten date]</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Handwritten initials]</i>	<i>[Handwritten ID]</i>	<i>[Handwritten date]</i>
RESPONSE FORMALITY REVIEW	<i>[Handwritten initials]</i>	<i>[Handwritten ID]</i>	<i>[Handwritten date]</i>

INDEX OF CLAIMS

✓	Rejected	R	Cancelled
□	Allowed	L	Interference
—	Through Formality	A	Appeal
○	Restricted	O	Adjusted

Claim	Date	Final Disposition	Date	Final Disposition	Date
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